

T H E

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CASES TREATED AT THE ERIE COUNTY ALMSHOUSE.

Statistical Report of Cases treated at the Erie County Almshouse, Buffalo, N. Y., during the Year commencing October 1st, 1842, and ending September 20th, 1843. By AUSTIN FLINT, M.D., Attending Physician.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you some account of the medical statistics of the Almshouse of this County, together with a few brief annotations, under the impression that their publication may possess some interest for some of the readers of your Journal. The past year is the first in which any pains have been taken to preserve the data required for statistical analysis, and the plan pursued I find, upon re-examination, at the end of the year, has not been so complete, and in all respects so accurate and precise, as I could wish. Should I continue my connection with the institution, it is my design to bestow hereafter more attention and care upon this subject, with a view to rendering the statistical information which may therefrom be derived more extended and satisfactory. I am not aware whether or not it be the custom generally with the medical officers attached to such institutions, of a minor size, to preserve copious and methodical records of cases. If it be, their publication has seldom fallen under my observation. That a brief summary of such facts in different localities would be both interesting and useful, cannot be doubted. I venture to hope that the present very imperfect endeavor may suggest to others similarly situated and better capable of improving the opportunity, the propriety of furnishing for mutual information the results of their almshouse observations and experience.

The Almshouse of this County receives all the paupers of this city and the several towns of the county who are able to be removed, excepting a few, who, in consideration of peculiar circumstances, are maintained as out-paupers, partially or entirely. Like other similar institutions, the majority of its inmates are the broken-down and diseased victims of intemperance and licentiousness. Many, however, in this locality, are forced to seek refuge there from the effects of protracted intermittents. These are not necessarily of the abandoned class just referred to. Having no House of Correction or Workhouse in this county, criminal offend-

ers, especially prostitutes and vagrants, are frequently committed to the Almshouse. This disgraceful custom will, I trust, by the time this communication is in print, be repudiated for the future by the Board of Supervisors, who will be in session in a few days. The whole number of persons committed to the Almshouse for pauperism, vagrancy, &c., for the past year, together with those of the commitments of the year previous remaining on hand October, 1842, is 546. The population of the city of Buffalo, is 20,000; of the towns of the county collectively, about 40,000. Owing to the location of this place, a great proportion are strangers and foreigners. The average number of inmates from October to April, was 145. From April to the present time, 110.

Much embarrassment and some serious evils have resulted from inadequate accommodations, especially for the sick. This difficulty and disgrace, also, it is hoped, will be removed ere long by the erection of a suitable building for hospital purposes.

The data upon which the following summary is founded, are contained in a Register in which were entered the name of each person brought to the house sick, or taken sick in the house, the disease, habits, date of registration, and discharge or death, with occasional brief remarks. In addition to this, all the prescriptions were registered daily, and the details of some cases of peculiar interest recorded in a case-book. This duty was performed mostly by a resident pupil.

The whole number of cases thus registered, is 305. Of these, 23 were children under 10 years of age. Of the remaining 282, the number of those confessedly or positively known to be of intemperate habits, is 200. The number presumed to be temperate, is 55. The number recorded "doubtful," 28. The number of females, is 106. Number of males, 199.

Intermittent Fever.—The whole number of cases, excluding several in which other or consequent diseases had become more prominent, is 63. Of these, the period of discharge, owing to absence of all record, their absconding, or leaving the house before being cured of the disease, is deficient in 11 cases. Of the remaining 52 cases, the aggregate number of days during which, collectively, they remained on the register, amounts to 1146. The mean period, individually, will be 22 days. The longest period in any of the cases, is 85 days. The shortest is 5 days. The average duration is much greater than would be expected in patients of a different class and under different circumstances. In this respect the contrast with the analysis of 33 cases among the soldiers at the military station in this place, which was communicated by the author for the *American Journal of Medical Sciences*, Nov. 1841, is very striking. The average period in the latter was only 5½ days. This difference goes to establish an important fact in the history of this disease, which was presented in the article alluded to, viz., that its continuance is favorable to its obstinate persistence. In the cases of the soldiers, the remedy was applied invariably on the onset of the disease; in the patients at the Almshouse, the disease had been in every instance of protracted standing. Much is also attributable to the character of the Almshouse patients, as re-

gards want, exposure, intemperance and recklessness, and the effects thereby exerted upon the powers of the constitution. It is, also, to be remarked that there did not exist the same motives to discharge from the sick register in the one case as in the other; and, hence, they were generally retained for some time after the paroxysms had ceased. Finally, a degree of importance is to be attached, in view of this comparison, to the difference of treatment. This was not the same in all of the cases. In the larger number, probably nearly two thirds of them all, the remedy prescribed was the "precipitated extract of bark," prepared by Carpenter, of Philadelphia, a preparation which professes to embrace both quinia and the other organic alkalies of the Peruvian bark. I have found, after much experience, this preparation to possess equal efficacy as the quinia, and much advantage on the score of economy. It was not administered in large doses. Generally about four grains, repeated morning, noon and evening until the paroxysms ceased, and then continued twice or once daily for an indefinite period. These facts I state from recollection, not having kept details of the individual cases. In nearly one third of the cases the disease was treated with Fowler's solution, commencing with *eight* drops three times daily, and increasing one drop at every dose until twenty-five or thirty drops were taken, unless the paroxysms were previously interrupted. I have never observed any injurious consequences follow its administration in this mode, and its efficacy in removing the disease has, generally, been satisfactory. In a few cases the ferro-cyanuret of iron was employed, commencing with ten grains, and increasing to twenty, three times daily, conjoined with some aromatic stimulant, as ginger or cinnamon. I have used this article in dispensary and gratuitous practice in numerous instances, and have found it to succeed promptly in many cases, but, by no means, entitled to the reliance due to quinia or arsenic.

Recently I have made trial of a measure, for the suggestion of which I am indebted to my friend, Dr. Reid, of Rochester, N. Y. This is the application of a mustard sinapism to the spine at the commencement of the cold stage. I have found this, in several instances, to shorten the cold stage, and apparently to mitigate the severity of the succeeding stages. Occasionally its effects were remarkable for so simple a remedy. The following case is the most striking which has fallen under observation, the details of which were preserved in my case-book.

Case of Quotidian Intermittent of long standing, treated solely by Sinapisms to the Spine.—Michael Donnahugh, Irishman, aged 26, of intemperate habits, occupation laborer. Has had the disease most of the time since October, 1842. Entered here April 6, 1843. Had taken various remedies before his entrance, but never obtained any permanent benefit. A sinapism of mustard was applied over the entire length of the spinal column at the commencement of the cold stage, without any previous or accompanying internal remedies whatever. The immediate effect of this application was to mitigate the lumbar pain, and to shorten the cold stage by one half its usual duration. After the application, the paroxysms, which, previously, were quotidian, were suspended for a week. On their recurrence he was treated in the same manner, and had no re-

currence until July 7th, when he had another paroxysm succeeding imprudent exposure. July 9th, another; same application, with same result. Shortly after this date he left the house.

In connection with this subject, I should remark that this remedy was applied in some other cases without producing any apparent good results. As, however, the application is so simple, and not productive of any injurious consequences under any circumstances, it may be recommended as worthy of trial in all cases of this distressing disease.

Remittent fever—number of cases, 2; one infantile.

Amaurosis, from exposure to cold by sleeping at night in the open air, 1. Left the House after 21 days, relieved by the use of blisters and the deuto-ioduret. hydrarg. Patient 25 years of age.

Ascites, 2. Both were connected and probably resulting from protracted intermittent. Absconded while under treatment.

General dropsy, 3. The particulars of one of these cases appear to me worthy of remark, and were preserved in the case-book.

Case of General Dropsy, relieved by the use of Diuretics and Hydragogues.—Jesse Brown, aged 58; occupation, weaver. Says he is moderately intemperate. States that three of his sisters and his mother were dropsical. Two sisters have died with this disease. Entered August 22d. Disease had been coming on for six months, and for four weeks has increased rapidly. Abdomen is now greatly distended. Hydrothorax evidently exists; also hydrocele, and cellular membrane of scrotum enormously distended. Oedema of feet, legs and thighs. For four days and nights previous to his entrance, and three subsequent, he was unable to lie in the recumbent posture a moment, from the sense of suffocation and violent palpitation which it occasioned. Sat in his chair constantly during this period. In the last two days the integuments of legs and feet became very red, assuming the appearance of erysipelas, and on the feet large portions of the cuticle became detached and distended with serum. Urine not coagulable by heat or nitric acid. The treatment pursued was as follows:—Nit. potash, sup. tart. potash, āā gr. x.; p. gum Arabic, p. sacch. alba, āā ʒj., every *three* hours, administered in decoction of barley. P. gamboge, gr. j.; p. jalap, gr. iv, every three hours. Also, massa hydrarg. gr. iij.; fol. digitalis, gr. j. increasing to iij., three times daily. The above remedies were associated, but given at distinct periods.

In five days the dropsy was so much relieved that he was able to lie constantly, and with his head low. Sept. 6th, he was apparently free from any dropsical effusion; appetite good; and no farther treatment has been pursued up to this date, the 20th.

The above prescriptions occasioned a very great discharge of urine, and very copious liquid dejections. The mouth also became slightly affected. I regretted much not having measured the abdomen accurately on his entrance. His waistbands, however, which were so tight at that time that the compression could not be borne, were found to overlap six inches on his recovery.

Ulcers, 8. They were generally located on the leg, and of that class

so common in such institutions. The treatment, in general, has been, at first, emollient and soothing poultices to relieve the irritability and pain which are generally present on their entrance. Afterwards stimulants and escharotics of various kinds, but commonly nit. of silver or sulphate of copper, together with compression, were made use of, according to the circumstances peculiar to each case.

In this connection I would state, that for the past four years and a half, during which time I have been Attending Physician to the House, not an amputation has been performed; nor have there been but two cases in which, taking into view the issue of the cases, the propriety of amputation admits of any doubt. One of these excepted cases was one of burn, in which, if an operation had been performed, it would have been amputation at the shoulder-joint. The other was the case of an individual so reduced on his entrance that the operation (amputation below the knee) was not deemed proper, for fear the patient would die on the table. In both cases the propriety of not operating was determined after consultations with one or more of my professional brethren.

Cutaneous diseases, 7.

Immediate effects of intemperance, 2.

Gonorrhœa, 6.

Dysentery, 5.

Diarrhœa, 56. Forty-one cases of diarrhœa and 2 of dysentery occurred between the 15th of January and the 17th of April. The disease was characterized by absence of pain and great prostration. It affected more especially the aged, and proved fatal in three persons, all of advanced years. It was manifestly of an epidemic or endemic character, and I know of no cause to which to attribute it, but to the poison of animal exhalations. Owing to the disproportion between the number of inmates and the accommodations, the rooms were excessively crowded. The wards are all heated by close stoves, the ceilings are low, and no means of ventilation excepting by the doors and windows. As is proverbial among this class, all avenues of fresh air are pertinaciously kept closed, excepting when they are under the immediate observation of the officers of the House. In addition to this, the winter was unusually cold, so that the inmates were more constantly in their rooms. In 1841-2 typhus fever was generated, as was then supposed, by the same circumstances, the cases of which were reported in this Journal. The ordinary measures of treatment for the diarrhœa, such as counter-irritation and opium, with vegetable astringents, were of little efficacy. Stimulants and quinia were found most efficacious, in conjunction with opium.

Otitis, 1.

Chronic rheumatism, 5.

Syphilis—primary cases, 17; secondary, 3. In one of the latter cases the form of affection on entrance was ulceration over the tibia, with exfoliations of bone, one of which weighed 131 grains when perfectly dried. Entire recovery took place, but the patient afterwards had ulceration of the skin, superficial, appearing in an annular form, enclosing in the centre sound integument, but gradually extending in an outward and inward di-

reaction, until a large circular ulcer was produced. He had several simultaneously. He is still under treatment. Poultices were found to aggravate the disease. The best applications have been solution nit. argenti and dry dressing. He is rapidly improving under this treatment, without any internal remedies. He has taken the comp. decoct. sarsaparilla.

In the other instances, the disease in one case affected the fibrous tissues about the joints, and has been very obstinate. Mercurial fumigations have been of considerable utility. In the other case, arthritis of the knee-joint, with characteristic tubercles, have been the form of disease. This is a case still under treatment. Fumigations of mercurial vapor are now being employed.

Decrepitude and general exhaustion, 2.

Ophthalmia, 9.

Coprostasis, 5.

Excoriation, 1.

Pleuritis, 2.

Delirium tremens, 4. Two of these cases were fatal. One supervened upon severe strangury after entrance. The other supervened upon ulceration on leg, also after entrance. In treating this disease, generally, the distinction indicated by several writers has been observed, viz., its complication with gastritis. The opiate plan of treatment has been followed, conjoined with local depletion and counter-irritation when this complication exists.

Contusion, 3.

Burn, 2. In one the destruction of integument and ulceration extended over more than three fourths of the foot, especially over the external malleolus, exposing the tendons, &c. The phalanges of the little toe and the entire metatarsal bone separated. Yeast poultices were continued for two or three months constantly, and were the only applications made. The patient is now nearly well.

Slight indisposition, 4.

Obstetrics, 9. Two of these were cases of abortion.

Ulcer corneæ, 1.

Pleuro-pneumonia, 1.

Phthisis, 3.

Amenorrhœa, 3.

Menorrhagia, 1.

Frozen feet, 1. Separation of the phalanges of the great toe took place. Patient recovered in 72 days.

Common catarrh, 5.

Icterus, 5.

Spinal irritation, 5.

Worms, 4.

Hemiplegia, 1.

Melancholia, 1.

Erysipelas, 1. Patient had disease of heart—a connection which I have before had occasion to observe.

Epileptic convulsions, 4. All confirmed, of long standing.

- Mammary abscess, 1.
- Cephalalgia, 3.
- Scrofula, 1.
- Cynanche tonsillaris, 1.
- Disease of heart, organic, 3.
- Bronchitis, 2.
- Fracture, 3. One of thigh, one of radius, one of rib.
- Influenza, 17. These cases occurred between the 25th of June and the 6th of July, during which period the disease prevailed extensively in this locality.
- Hemorrhoids, 2.
- Lupus, 1. This case, after resisting several applications of creosote, nit arg., &c., was cured under the internal use of the sol. arseniate of potash.
- Colica, 1.
- Myelitis, 1.
- Ulcer of stomach, 1.
- Typhoid fever, 1.
- Marasmus, 1.
- Hysteria, 1.
- Dysuria, 1.
- Feigned disease, 2.
- Pericarditis, with effusion, 1.

Of the deaths, the number recorded is 27. The diseases are as follows.

Miscarriage and intermittent fever a few hours after entrance—one case.

Chronic dysentery of long standing—one case.

Diarrhœa, day after entrance—one case.

Excessive intemperance, and gangrenous ulcer on leg and penis—one case.

Disease of spinal marrow or meninges (registered myelitis)—one case.

Pericarditis, with large accumulation in pericardium, compressing the lung of left side into small solid substance—one case. (An examination was had of this case during my absence, and the particulars were not fully recorded.)

Protracted irritation—two cases.

Typhoid fever—one case.

Delirium tremens—three cases.

Organic disease of heart—three cases. Ages as follows:—one, 70; one, 79; the other much advanced, but precise age not known.

Epidemic diarrhœa—three cases. The subjects were all aged, with constitutions broken down.

Phthisis—three cases.

Ulceration of stomach—one case.

Decrepitude, age 92—one case.

Exhaustion, age 50—one case.

Scrofula, suddenly—one case.

Diarrhœa, accompanying dentition, or "summer complaint" as it is here called—two cases. The subjects were twins, aged 11 months.

Hemiplegia—one case. In this case the patient was about 35 years of age, and was gradually recovering from ulcer of the leg when seized. Copious depletion was employed, and a considerable improvement took place during the five weeks subsequent to his attack. He had recovered a partial control over the paralyzed muscles; but his general aspect was bad. He was much prostrated, *and the muscles of the face had that absence of tonic contractility** which led to the suspicion that some organic lesion of the brain existed. Suddenly he failed, gradually became comatose, and died about two months after entrance, and six weeks after the hemiplegic attack.

Brain only was examined. Nothing unusual in the appearance of the dura mater; arachnoid universally thickened; pia mater, vessels considerably injected. The cortical substance appeared generally slightly softened (examination twenty-four hours after death), which, however, was more distinctly the case upon the antero-lateral surface of the left hemisphere. The right side was paralyzed. At one point, for the space of a quarter of a dollar, the softening was nearly of the fluidity of pus. Ventricles did not contain an unusual quantity of serum. The basilar artery and circle of Willis presented portions of a cartilaginous firmness. So, also, in sections of the medullary portions, small arterial branches appeared to have an unusual firmness. After a section, small prolongations of the vessels protruded beyond the cut surfaces. I was led to notice these facts more particularly from the coincidence of extravasation and softening with ossification of the cerebral arteries in another case.

The infrequency of *post-mortem* dissections during the past year requires some apology. From the contracted or malevolent views of a former keeper of the House, the subject of examinations after death has unfortunately become the occasion of much excitement, within, and to some extent without the institution. In addition to this, owing to the limited accommodations, the bodies of the dead are obliged to remain in the ward until burial, unless removed for the express purpose of dissection to a small office used as a dispensary, which is much exposed to observation. These circumstances have induced me to forbear this part of my duty, under the hope that better arrangements, and a more enlightened public opinion on the subject, will soon render its fulfilment more practicable and agreeable.

Buffalo, Sept. 28th, 1843.

* The circumstance italicized in the preceding account of this case, particularly excited my attention. I am not aware of ever having seen it distinctly noticed by medical writers, but I imagine a symptom, which may sometimes be of importance in diagnosis, may be derived from the muscles of the face. The appearance seems to consist in the absence of that tonicity which gives to the face its characteristic expression. We can readily understand why this should occur. The facial muscles sustain peculiar relations to the brain, through which they sympathize in a peculiar manner with the mental emotions, and in fact by the expressions furnish certain indications of the mental condition in a state of health. Now when the brain becomes diseased, we can perceive that this relation may be disturbed. The vis tonica, which is here probably received through the portio dura, is lost to a certain extent, or modified; hence the characteristic appearance alluded to.

OPERATIONS FOR THE ELEVATION OF THE LOWER EYELID.

By E. H. Dixon, M.D., New York.

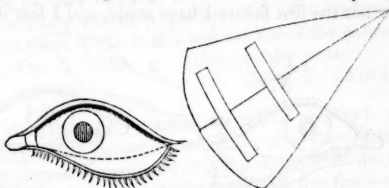
[Communicated for the Boston Medical and Surgical Journal.]

THERE are few operations more gratifying, when successful, either to the patient or surgeon, than those above named ; and as I had no experience, either from practice or observation, at the time of my first operation, and met with a failure at the third, I will briefly communicate my views for the benefit of others.

CASE I.—S. M., aged 40, after a violent contusion on the left side of the face, recovered with almost complete paralysis of muscles, save a slight action of the orbicularis, which enabled him partially to close the eye ; the adnata being constantly injected with blood, from exposure to dust and wind, and all the tears falling over the cheek from the depression of the lower lid.

This cut illustrates the case, with the operation performed for its cure.

It is not, properly speaking, a plastic operation, as there was no deficiency of integument, and no eschar below the lid, as in

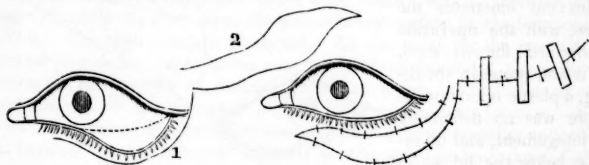


Cases 2 and 3. A piece of integument, of the shape and size indicated in the cut, was removed from the temple, and brought together with sutures and plasters ; it healed by intention, and the difficulty was removed, the integument of the cheek and the lower tarsus being drawn up thereby.

This I conceive to be the only operation applicable to a case of depression of the lower lid from paralysis. It is very simple, and can be done without the slightest difficulty. Doubtless it has been done by others, though I never saw it in the books.

CASE II.—L. W., 23 years old, when an infant was dropped by his nurse amongst some burning flags, which left a large eschar upon his left cheek, and drew down the under lip and eyelid in a manner precisely similar. The tarsus was perfect, and the ball and tears affected in the same manner as in the preceding case. As there was a deficiency of integument in this case, it became necessary to perform a plastic operation, and as I had never seen one of these, with the exception of one performed with success by my accomplished preceptor, Dr. Mott, on the lower cheek, I determined to combine the one illustrated by the first cut, with the plastic operation proper. To do this, all that was needful was to remove the integument to be planted under the lid, from the temple *above a line intersecting horizontally the pupil*, so that when the integument was approximated it would help to draw up the lid. It is very important that the part of the integument to be planted should be *broadest* in the part that will come opposite the *greatest* depression of the lid ; and that it should be abundantly large, because there will be a trifling con-

traction of the two parallel cicatrices left after adhesion; and if there is any too much, either pressure or a clip with a well-curved scissors will remove it; but if too small, as will be seen in the next case, another operation must be performed, and this is mortifying to the surgeon and painful to the patient. The cuts illustrate the case. The first shows the integument about to be partially removed from the temple. The young surgeon had better always mark it with ink; and observe this caution—he be careful to cut well down to the muscle in all your incisions, not only that your integument may contain bloodvessels enough to nourish it, but that you may make a sufficient bed for it to lie in under the lid. If the eschar is small, dissect it out by a very elliptical incision, and the deformity will be less. In the cut the reader will suppose the flap too large. I am sure if he makes it less, the operation will not succeed, as will be seen in the next case. If asked why I did not take heed, I can only say that it is not the first failure I have made, and I fear it will not be the last.

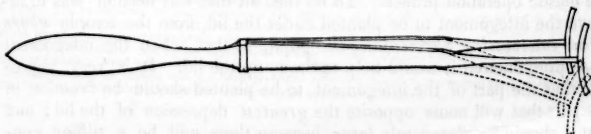


No. 1, fig. 1st, marks the first incision; No. 2, the flap. In the second figure will be seen the sutures, which must be made with a cambric needle, and holding the integument with a blunt forceps. The sutures must be so slightly inserted that no further notice need be taken; they will be washed out at the first dressing. They must be as numerous as in the cut. Sutures as well as plasters must be used on the temple whence the flap was taken. This case was successful.

CASE III. was the result of a large boil or abscess, in infancy, below the lid. Patient 18 years old. Appearance as represented by the cut. A marks the eschar; tears fall over the cheek. The operation was the same as the last, only the flap being too narrow, but partially answered the purpose, and it was necessary to remove a V shaped portion of the tarsus to restore the lid, which it did effectually.



I will only add, that these operations, as well as all others about the face, and in all other situations where accurate incisions are necessary, are greatly facilitated by a forceps like this.



It should be of a sufficient length, and made with two concave blades

or shafts. I mean concave in the opposing surfaces that seize the skin, as well as curved to the eyelid, and the shafts also curved. After operating once for hemorrhoids or varicocele with their aid, the surgeon would never wish to be deprived of them.

December, 1843.

BLOODLETTING.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing that the following saying is too true with regard to many of us who practise medicine in New England, I suggest a few remarks on the subject of *bloodletting*, which, if you deem of sufficient worth, may have place in your valuable Journal.—“We live in an age in which the fear of *debility* causes a prodigal use of *stimulants*, and this, too often, at the expense of the health and the life of the patient.”

Lime Rock, R. I., Dec. 7, 1843.

Respectfully yours,

JOHN P. LEONARD.

A certain class of charlatans (very numerous in this vicinity), undertake to teach the doctrine that nature never allows of a superabundance of blood in the sanguiferous system, and that the demands of the animal economy are always in exact ratio to the quantity of this fluid—that to draw blood in disease, when there is plethora or over-distension of the circulating vessels, is an infringement on the laws of health; robbing the vital element of its strength, and breaking down the recuperative powers, &c. But let us not be drawn aside by such hypothetical reasoning, nor let us be biased by the fears that our patrons may have cherished in imbibing the theories of quacks; rather let us boldly carry into effect the grand principles which we have received from the shrine of true science; for by this last course *alone* can we expect to benefit our patients, and acquit ourselves as honorable men.

Very many are the disorders depending on, and originating from, plethora, and over-distension of the circulating vessels. This is the fact in most febrile diseases; there is this *over-distension* in *all* cases of inflammation. How many are the disorders that require the subtraction of blood! For in all the diseases embraced within these wide limits, when we reduce the quantity of blood in the disturbed vessels, the result is good. The vessels then have an opportunity to contract, the size of their diameter is diminished by taking from them this superabundance, so that the circulating system becomes stimulated, and they take on healthy action; consequently the plethora or inflammation is entirely overcome. I said when the vessels are relieved, they contract, and that this diminution of their calibre is an important change towards health, because this portion of the body is *strengthened*, if I am allowed the expression. That the bloodvessels are capable of contracting, is apparent, for they possess muscular fibre, and, as might be concluded, all the qualities be-

longing to muscularity. Their contraction may be explained by that of the uterus, which, when relieved from distension caused by the foetus and its appendages, immediately returns to its normal state and dimensions.

Again, *hemorrhages* also demand the abstraction of blood. We are told that we have "but one mode of explaining the effusion of blood; as it can take place only through the vessels that pour out the mucus, the serum, &c., on the surface of the different mucous, serous and other tissues—vessels, the existence of which cannot be doubted, though we are ignorant of their structure and arrangement." Does not nature, indeed, imitate the curative process, when she allows the effusion of blood for the relief of this abnormal action? But because she *does*, we are not to rest the case in her hands; but to bring the aid of our art, and storm the enemy with united forces. In nine cases out of ten we shall be the victors, if we do this in incipient attacks. In all the instances referred to, I have anticipated other treatment besides bloodletting, as a matter of course; for in hemorrhages I depend almost as much upon nauseants, as upon the remedy now in question. On these points I presume to be understood.

Let those who *fear* debility *avoid* it—let them be cautious how they produce it in administering those substances which have a direct tendency to excite the disease which they attempt to cure. We stimulate, or, in other terms, strengthen the body, when we remove the *cause* of the malady preying upon it—it is not less true that we cause debility in the opposite way. For if we give to a patient, laboring under an inflammatory disorder, bark and wine, we shall be sure to bring on debility; but if we employ what is termed antiphlogistic treatment, we give a chance to recover by stimulating in an indirect manner.

I think it very important that we always (if we can) bleed the patient in the sitting or more erect posture, as the necessary impression is earlier made, than when he is in the recumbent posture. It is certainly economical practice to do what is indicated with as little loss to the patient as possible. Hence, in most cases, I should take blood from a large orifice, while the patient is erect, for the reason just given, and I think it furnishes a good diagnosis, enabling one to decide whether the disease is inflammatory, or irritative, in its character. We also can better judge as to the quantity we shall take if the patient be standing, for the reason above cited; the effects are earlier manifested. We can never premise the exact quantity of blood necessary to be drawn, nor the time when we must lay aside the lancet for those medicines directly tonic in their nature, till we have the case in hand; and then we have no fixed rules, but are to be guided by "general principles." We are to consider the nature of the disease, the constitution of the patient, and should not forget that the *stage* of the disease is of the utmost importance to be kept in mind.

When diseases are of a mixed nature, it is obvious we should not carry the bleeding to the extent which an inflammatory disease (one purely so, I mean) would demand. Here, frequently, we conjoin local and general bloodletting with great advantage. In disorders depending wholly upon irritation, *general* depletion must not be attempted; and there are many

cases of this sort, where the least subtraction of blood would be injurious. As I have a case in mind, illustrative of this point, I will give it here.

August, 25, 1840. Miss N., aged 20, has been ill for some time. I was invited to see her by her physician to-day. She is now laboring under hysteria. A white coat covers her tongue, skin hot and dry, pulse 100. She was immediately bled $\frac{3}{4}$ x. Her mind soon became clear (she was delirious before) and was free from pain.*

Dr. ——— afterwards informed me, that in about six hours after we left, he was again called to his patient, whose symptoms had then become evidently aggravated. She appeared quite insensible; there was almost a burning heat upon the surface of the body; pulse 130. The vein was again opened; the blood flowed for a few seconds, then ceased, the ligature remaining upon her arm. Means were employed to get more blood, but proved unsuccessful. *A dangerous reaction ensued.* From this time, says the doctor, the plan of treatment was changed. Tonics and nervines were administered, and after a long time she recovered.

I mention this case to show how much caution is required in the use of the sheet anchor, as the lancet is often styled. Had this patient been bled in the erect position, syncope would probably have come on before she had lost five ounces of blood, and proved at once the nature of her disorder, which was one of irritation, *one in toto forbidding depletion.*

In the brief survey we have taken of this subject, we have sufficiently established the following principles.

First, that in inflammation, in all inflammatory diseases, in hemorrhages, and in all disorders where that state obtains which we term plethora, blood-letting is indicated. In *some* of these cases we had better take blood from an artery, but *generally* from a vein.

Secondly, it will often be advantageous to conjoin *local* with *general* bleeding—there are instances where it would be best to neglect general bleeding, and rely entirely upon the local methods. I mean at such times as the indications of cure can be answered by these means, and when the condition of the patient will not admit the loss of much blood.

Thirdly, if the disorder is one of a mixed nature, partaking of the inflammatory character, and at the same time maintaining irritable symptoms, to avoid re-action we must depend *commonly* upon cups and leeches.

Fourthly, when diseases are altogether irritative, bloodletting is a *dangerous practice*, and likely to aggravate the disorder.

DEFORMITY OF THE SHOULDER IN GIRLS.

[MR. LAMBERT, who communicated the following note, is a popular lecturer on elementary anatomy and physiology, which are illustrated by the finest manikins, probably, which have been imported into this country. He claims it as a discovery, that a vice in dress with which the civilized world is familiar, is the cause of a deformity which is the subject of this

* Her pulse fell to 90, though its quickness did not abate.

article. If subsequent observation establishes the truth of it, he is entitled to the consideration of the whole community.]

The prominence and consequent deformity of the right shoulder in girls, young ladies and women, are generally said to be produced by the greater exercise of the right arm in playing on the piano, embroidering, by leaning upon the right elbow at school, and other like causes; which is not, however, correct, since boys and young men use the right arm more than they do the left, to as great a degree as do girls. Girls, also, who are left-handed have the right shoulder projecting, as much as other girls; and the printer who works at the press and uses the right arm very much, and at very hard work, is not deformed in this respect, as far as I have been able to judge. The true cause is the manner of dressing now practised, for the organs under the belt, and thereabouts, being much crowded out of place, infringe on the parts next adjoining. Thus the liver, stomach, &c., being pressed upwards, prevent the free action of the diaphragm, and the lungs are prevented from inflating in a downward direction. To prevent, in a degree, the injurious effects that would follow, Nature causes the chest to grow out, upward and backward in particular, causing the shoulder-blade to project. Of course, as every one knows, the liver being less yielding than the stomach, and this last organ being sometimes full and sometimes empty, there is a more constant, and, indeed, greater effect produced upon the right lung than on the left, and consequently upon the right shoulder than upon the left. This is important in tending to show that beauty of form is not produced by a tight dress, but that great deformity is produced. There may be other causes occasionally acting which produce similar results, though but seldom.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1843.

Dropsical Ovarium.—Through Dr. Sewall, of Washington, two pamphlets have been received, written by D. H. Walne, a London surgeon of growing eminence, bearing the title—"Removal of a Dropsical Ovarium entire, by the large Abdominal Section." Both had been previously received in the pages of the London Medical Gazette, in which they first appeared, and one of the cases has been copied into this Journal. We are exceedingly obliged to Dr. Sewall, however, for the pamphlets, and especially for the loan of a letter from Mr. Walne, dated October 27th, which makes reference to this important achievement in modern surgery.

After some general observations, Mr. Walne remarks—that "the operation which you would have witnessed but for being postponed for a few days, was perfectly successful, though the ovarian tumor much exceeded in magnitude either of those I had before removed, being 28 pounds in weight. The incision required was 14 inches long, and the wound united substantially, by the first intention, from end to end—barely leaving space for the ligatures of the pedicle to hang out. These came away on the

thirty-third day, and the patient, having been remarkably free from untoward symptoms during the whole period of recovery, is now well, and alert in walking and other exercises. She was under 20 years of age. You can readily conjecture how happy she is in having got rid of such an incumbrance. The catamenia re-appeared a few days after the operation, and again at the following regular period, and as the other ovary was found to be quite healthy, there is no reason why she should not some day become a mother.

"The remarks with which you favored me respecting the postponement of the operation, gave me great satisfaction, since you had sacrificed your travelling arrangements to be present at it; and I naturally regretted any disappointment under such circumstances. To have obtained, in any degree, the good opinion of one, who has had so much experience of the world and in the profession, will always afford me pleasure.

"Permit me to subscribe myself, with much esteem, yours, faithfully,

D. HENRY WALNE."

In the *Journal* for Nov. 15th, a minute report of this operation was inserted; still we were unwilling not to avail ourselves of Mr. Walne's letter, as a kind of finishing appendage to that report.

Diseases of Children.—Dr. Stewart's Practical Treatise on the Diseases of Children, has made its appearance in a second edition, carefully revised and enlarged.

It is complimentary to the author, exceedingly so, that this work meets with the approbation and increasing patronage of an intelligent profession. Without interfering with the ground especially claimed by other writers, Dr. Stewart has pursued a wise, independent course, giving credit where it is due, but never makes himself obnoxious by misrepresenting or underrating the acquirements of others in the same field of investigation.

Those who are conversant with the diseases of childhood have ample opportunity for exercising their skill, and conferring the highest order of benefits on distressed families and sympathizing friends. The maladies appertaining to infancy, and the phases through which they pass, as the little patient advances in life, are of no common interest to a conscientious practitioner. He who saves a child, saves a citizen; the State reaps the advantages of his attainments. Notwithstanding all that has been said, and may be written, of the facility with which the diseases of childhood can be met, it is the unanimous opinion of discreet, observing physicians, that no branch of the practice of medicine is so essentially important in a civilized community. A little dosing with this or with that, on the cowardly presumption that no harm will ensue from it, is absolutely criminal. An exact observer perceives in such irresponsible treatment, the ignorance of the physician, and the precipice to which the innocent sufferer is crowded by one who shields himself behind the curtain of a diploma, should his inability be detected, or his arrogance become the subject of conversation. Practitioners must study the diseases of children with unabated energy—and keep studying, too, since there is no stopping-place from whence they can look back with triumph and proclaim that they understand it all. No—the variations of temperature, occurring as frequently as there are hours in the day; the character of the food on which they are sustained, also changing with their advancement in age; the

clothing in which they are dressed, subject to the caprices of fashion ; and lastly, the contingencies which interrupt the harmony of the machinery at all periods, and on the most unlooked-for occasions, demand an intense devotion to these little ones when placed under the eye of a physician.

To meet all these difficulties, therefore—to be armed with the panoply of scientific truth—it is a duty to avail ourselves of the wisdom and experience of all who are worthy of respect in this particular department of practice. This treatise by James Stewart, M.D., published by Messrs. Langley, New York, is eminently calculated to meet the expectations and the daily requirements of one who is ambitious to prescribe understandingly for the diseases of childhood.

Revised Statutes of Massachusetts.—Messrs. Tappan & Dennet have kindly sent us a copy of a handy little work with this title, which also includes all the additional laws enacted to the present time. Chapter XII. has reference to the practice of physic and surgery in Massachusetts, and is arranged in the form of questions and answers—thus :—

“ Who shall prescribe a course of medical and surgical instruction, and the qualifications of candidates for the practice of physic and surgery ? *Answer.* The Massachusetts Medical Society.

What shall the Counsellors of the Society appoint ? *Answer.* Censors to examine candidates and give letters testimonial.

What may a physician or surgeon, duly qualified according to the law of this Commonwealth, or any medical student under the authority of any such physician, have in his possession ? *Answer.* Human dead bodies, or the parts thereof, for the purpose of anatomical inquiry or instruction.

What may the Selectmen, Board of Health, Overseers of the Poor, Directors of Workhouses, Directors of the House of Industry, Mayor and Aldermen of the city of Boston, do with such dead bodies as are required to be buried at the public expense ? *Answer.* They may surrender them to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical knowledge.

In what cases shall no such body be surrendered ? *Answer.* When the deceased, during his last sickness, requested to be buried. When any kindred or friend shall request the body to be buried. When the deceased was a stranger or traveller, who suddenly died without making himself known.”

Principles of Medicine.—That well-known and excellent treatise, entitled—“ *Principles of Medicine, comprising General Pathology and Therapeutics, with a brief general view of Etiology, Nosology, Semeiology, Diagnosis and Prognosis, by C. J. B. Williams, M.D.*,” has been republished at Philadelphia, by Messrs. Lea & Blanchard. Notes and additions are made by Meredith Clymer, M.D., Physician to the Philadelphia Hospital.

Book-buyers are becoming prodigiously restive under the modern inflection of notes by American physicians, appended to splendid productions of foreigners. It is sometimes like sticking a pebble to the side of Bunker Hill Monument, and then boasting of having enlarged the structure beneficially. Some sharp things are said in regard to this extensively-practised system of literary ponderosity. However, this volume

has not been tortured in that respect; but since the thing is in mind, there is no special harm in mentioning the fact, that second-edition authors, they who manifest a desire to be dragged to the top of the edifice by holding to the skirts of a distinguished pioneer in some department of medical science, by which their names are raised to merited distinction, are threatened with a severity of treatment that will be hard to bear.

In this instance, Dr. Clymer has rendered good service, which is tangible; he has supplied parts which were omitted by Dr. Williams, and thus gives a finish to the labors of an eminent writer, whose worth is appreciated by a discerning medical public.

In point of typographical finish, it is a handsome volume, and a cheap one, too. Our New England friends will find it at Ticknor & Co.'s, Washington street.

A new System of Medical Science coming.—The editor of the *Botanico-Medical Recorder*, in announcing a course of lectures which he proposes to deliver, says that—"This, of course, involves the principles of Neurology and Mesmerism, and lays the foundation for correct principles and practice in medicine. In the light of these subjects, we shall examine the old school principles of medicine, and we shall respectfully invite their advocates to defend them if they can, while we shall build up a system of medical science and practice, that 'will stand a tower of strength, unharmed amidst the rude shock of opposition's bursting wave, through all succeeding time,' and all these propositions we shall establish by living testimony which cannot be rejected."

He waxes warm in his bold determination to ascertain who is who in the great reform he intends to accomplish. For originality of design—for energy in attempting to drive the world before him—he is without a competitor. If Cincinnati is taken by storm, the inhabitants will have no mercy shown them. It is emphatically, come and live—or, go and die.

In the prosecution of this enterprise, he says—"and the accomplishment of its glorious object, the redemption of this community from the withering curse of the lancet and calomel, which slay more of their number and ruin more that escape death, than all the other causes of disease and death put together, but one thing is wanting, viz., the regular presence at these lectures, and the bold advocacy of our doctrines and practices, by those who are fully persuaded of their truth and superiority. Shall we see you in these meetings, or will you meanly shrink from attending them lest some fool who loves darkness rather than light, who calls bitter sweet and sweet bitter, who prefers misery and death according to fashion, to health and life according to common sense, might sneer and point the finger of scorn at you?"

McLean Asylum.—William Appleton, Esq., of Boston, has given to the Trustees of the Massachusetts General Hospital \$10,000, the income of which is to be expended in behalf of such patients of the McLean Asylum for the Insane, as have not the means of remaining there for an entire cure.

Different Causes of Insanity in France.—At a sitting of the Academy of Sciences, Aug. 7th, M. Moreau de Jonnes read a paper on the differ-

ent causes of insanity. They were taken for the year 1841, and in order to render the result more exact, only one half the number of patients was computed; as regarded the other half, the causes being considered doubtful or unknown.—1st, Physical causes—idiotism, 2234 cases; epilepsy, 1137; drunkenness, 792; excessive irritability, 665; decrepitude, 541; poverty, 329; onanism, 293; fever, phthisis, 245; over-exertion, 176; blows and wounds, 155; other causes, 408—total, 6964. Calculated on 1000 cases, idiotism offered 321; epilepsy, 163; drunkenness, 114; excessive irritability, 94; decrepitude, 78; poverty, 47; onanism, 42; fever, phthisis, 35; over-exertion, 25; blows and wounds 22; other causes, 59. 2d, Moral causes—grief, 1186; love, jealousy, 767; religion, fanaticism, 471; ambition, 314; pride, 291; politics, 118. Taking 1000 cases, grief produced 377; love, jealousy, 224; religion, fanaticism, 150; ambition, 100; politics, 37. Thus, on a total of 10,111, physical causes acted 6964 times, and moral causes only 3147. Or, on 1000 cases, the former produced 688.8, the latter 314.2. On examination of the causes generally, we find that none are of recent origin, none are indigenous to the country in which we live, and as the same causes produce the same effects, it is rational to conclude that insanity, like other evils, is inherent to our frail condition, and that the progress of civilization cannot be considered as a cause of insanity.

Syringe for the Mouth.—There are unmentionable associations connected with the *syringe* in its common shape—a serious objection to its use about the mouth. The objection is removed, by so altering its form that it may not be recognized as a *syringe* by the patient. We have one of those pear-shaped, gum-elastic bottles, or sacks, such as are sold by the apothecary, which will contain, perhaps one-fourth of a gill: in the neck of this is fastened one end of a silver tube, two inches long and one-eighth of an inch in diameter; to the other end are fitted several thin tubes, of different curves and sizes. When we would use the instrument, we collapse the sack by pressure in our hand—insert the free end of the larger tube into water, and unclosethe the hand—when the sack will regain its former shape, filled with water. The small tube we would use, is now inserted, and the syringe is ready for use—the water being forced out at pleasure by merely closing the hand that applies the instrument. When neatly made it is far preferable to those in common use, on account of its convenience, appearance and its simplicity; and it does not cost one fourth as much.—*Journal of Dental Science.*

Nervous System.—M. Longet sent to the French Academy of Sciences, on the 4th of September last, a work on the nervous system of men and animals. The author confirms, by a variety of experiments, the correctness of the opinions of Bell on this interesting, but still imperfectly understood subject, and throws out many ideas, which may lead to other researches, and to results of more practical utility than any that have yet been obtained, as to the precise influence of the nerves on the human body, whether in its normal or abnormal state. One of the facts mentioned by M. Longet is, that the motive force of the nervous system, brought into

action by galvanism, is always centrifugal, while the passive or sensitive condition of the nerves takes an opposite direction.—*Philadelphia Medical News.*

Medical Miscellany.—The average excess of births over deaths in England and Wales, in 1841, per day, was 408.—Dr. John Appleton is lecturing with a manikin, very satisfactorily, in the country towns.—D. B. McCarter, M.D., of Goshen, N. Y., has gone to China as a medical missionary.—A boy died recently at Patterson, N. J., of hydrophobia, who had been bitten only about a month before.—A young German arrived at New Orleans, recently, from St. Louis, who believed himself followed by an invisible person, who had Mesmerized him in London. He called on Judge Jackson and asked for protection.—Alexander S. Wetherspoon, of New York, has received a commission of Assistant Surgeon, in the U. S. Army. Dr. William Maffit, Assistant Surgeon, has resigned and left the service.—A boy at St. Augustine, under the influence of an emetic, threw up two centipedes—one of them three inches long, and both alive and active.—Efforts are making at Portland, Me., to organize a natural history society. Dr. Mighels offered to deposit his extensive cabinet of skulls, numbering between five and six thousand specimens. Dr. Mitchell is Treasurer.—The Thomsonians propose holding a great convention at Philadelphia, on the 6th of February.—Who is Dr. Dods?—Over three hundred students have matriculated at Jefferson Medical College, in Philadelphia, the present season.—A man is still living near Greenville, S. C., who was 45 years old at the time of Braddock's defeat. He is now 136 years of age!—The physicians of Orleans County, Vt., hold their annual meeting at Irasburg, Dec. 28th.—A member of Congress from Illinois, is represented to be seven feet two inches tall.—Dr. McIlhenny has published a pamphlet at Springfield, Ohio, on the milk sickness, or trembles, which will be more particularly noticed hereafter.—A beautiful edition of Sir Astley Cooper's treatise on dislocations and fractures of the joints, has just issued from the press of Messrs. Lea & Blanchard, Philadelphia.—Smallpox has appeared at Fonda, Montgomery Co., N. Y.

TO CORRESPONDENTS.—Dr. Patterson's paper on Asthma, Dr. Paine's on Chemistry applied to Food, and Dr. Slack's on Milk, will have an early insertion.

MARRIED,—At Ipswich, Mass., Dr. A. H. Wildes, to Miss W. Dodge.—At Norwich, Conn., Dr. A. B. Haile to Miss Mary H. May, of Savannah.—At Mt. Desert, Me., Dr. John P. Mooney, of New Hampton, to Miss Sophronia Doliver, of Boston.—At Troy, N. Y., James Christie, M.D., to Miss Margaret A. P. Buel, of Troy.

DIED,—In Brookline, Dr. William Eustis, 32.—In Hopkinton, Dr. Thomas Bucklin, 71.—At Rocky Hill, Ct., Dr. Daniel Fuller, 68.—In King George Co. Va., Dr. Dale.—At Rahway, N. J., Dr. Martin, by suicide—an eminent practitioner.

Number of deaths in Boston, for the week ending Dec. 16, 34.—Males, 18—Females, 16. Stillborn, 4. Of consumption, 3—Inflammation of the brain, 1—lung fever, 4—hooping cough, 1—measles, 4—Inflammation of the bowels, 1—typhus fever, 3—debility, 1—rupture, 1—croup, 1—dropsy, 1—bilious fever, 1—Inflammation of the lungs, 3—tumor, 1—teething, 1—apoplexy, 2—infantile, 1—burn, 1—bilious colic, 1—unknown, 1.

Under 5 years, 16—between 5 and 20 years, 1—between 20 and 60 years, 15—over 60 years, 2.

A few Observations on Encysted Hydrocele. By ROBERT LISTON, Esq., F.R.S. Surgeon to University College Hospital.—Mr. Liston is inclined to believe that some of the collections of fluid in the scrotum are more intimately connected with the testicle than has generally been supposed. He observes, "Some nine or ten months since, I was consulted by a healthy-looking gentleman, beyond the middle period of life, on account of tumor of the scrotum. There was plainly fluid on both sides. The largest cyst was punctured, and gave exit to some eight or ten ounces of thin fluid, which might be compared to distilled water with a little soap diffused through it. The other side of the scrotum was punctured a few months afterwards, and, as far as I can recollect, ordinary looking serum, to the extent of five or six ounces, was discharged.

"A short time since, the patient returned, to have the original cyst again emptied. About the same quantity of fluid was drawn off, and of the same quality as at first. This fluid was examined chemically, and scarcely a trace of albumen could be detected.

"On the second day a minute quantity was put in the field of the compound microscope, and my surprise was great indeed when it appeared quite full of spermatozoa; there were, besides, to be detected some of the primitive cells in which the spermatozoa are developed, and a certain number of mucous globules.

"It is to be regretted that the microscopic examination did not take place immediately after the fluid was obtained, so as to have ascertained whether the animalcules presented their usual liveliness of motion."

In a postscript, Mr. Liston informs us that the preceding observation has been confirmed by the examination of the fluid from a small cyst above the testicle of a man 33 years of age. The fluid here was nearly colorless, and contained numerous spermatozoa, some of which continued to move for a considerable time after the cyst was evacuated.—*Med. Gaz.*

Efficacy of Warm Injections in Stricture. By FRANK HUDSON, Brompton.—I read some short time back, in one of the medical periodicals, an account of a case of stricture, in which the medical gentleman in attendance found use in applying a warm fluid to the strictured portion of the urethra, through the means of an ordinary catheter.

Now it struck me at once that an instrument much more fitted to the purpose, and much more likely to succeed, would be a catheter with its orifice at the extremity instead of at the side as is usual.

I had one made, therefore, and for greater convenience a stop-cocked syringe, holding about an ounce, fitted to its other end.

My mode of applying it is this: I fill the syringe with some warm bland fluid (oil or barley-water, for instance,) and I then connect it with the catheter, and gently pass the latter down to the stricture. The moment I feel the resistance, I turn the index-finger of my right hand (steading the penis with my left), and propel a jet of the warm liquid upon the strictured portion with moderate force, taking care, of course, not to press the apparatus forcibly against the urethra, but keeping all firm and "well in hand."

I have tried this in four cases, and several times in each case, in which I had before failed entirely in passing the smallest catheter, and in all with decided and instant success, the instrument always passing freely, and without the slightest pain.—*Ibid.*